

Attachment B

Statement of Interest Statewide Long-Term Care Reform

THE WEST CENTRAL WISCONSIN-CARE MANAGEMENT COLLABORATIVE (WCW-CMC)

ORGANIZATION NAME (S)

The West Central Wisconsin-Care Management Collaborative (WCW-CMC) is a public-private collaboration. At this time its organizational partners are:

- Nine county agencies currently managing Long-Term Care (LTC) services: (Barron, Chippewa, Clark, Dunn, Eau Claire, Pepin, Pierce, Polk, and St. Croix)
- Community Health Partnership, Inc. (CHP)
- Group Health Cooperative of Eau Claire (GHC-EC)
- The Management Group, Inc. (TMG)

The active participation of consumers, local LTC and Community Options Program (COP) Advisory Committees, and public and private governing boards will be incorporated in the WCW-CMC planning, development, and implementation of the proposed managed care program. Participation of County Aging Units, The Center for Independent Living for Western Wisconsin, Inc., providers, and other interested stakeholders will also be incorporated.

CONTACT PERSON AND CONTACT PERSON'S ORGANIZATION

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BRIEF DESCRIPTION OF ORGANIZATION

The WCW-CMC has been formed to develop and implement a fully-integrated managed care program by building on the core strengths of each of the partners to craft a delivery system that will include a full array of long-term care and primary/acute health care services. The strength of the counties in delivery of community-based long-term care services, of CHP to provide fully integrated long-term care services to high-need/high-cost consumers, and the capacity of GHC-EC to manage the delivery of Medicaid-funded health care to SSI and non-SSI Medicaid populations will provide solid platforms on which to build. Services will be provided to eligible consumers in all long-term care target populations in the nine-county region. Services will be planned through individualized, "one consumer at a time," care plans that are comprehensively and flexibly designed to support each consumer's needs and expressed choices across the full spectrum of needs.

Focused discussions among CHP and a core group of county partners began last summer. With a goal of exploring development of a regional program consistent with state-level long-term care reform goals, the WCW-CMC began monthly meetings in September. The Management Group, Inc. (TMG) has served as facilitator and consulting partner for the group. Group Health Cooperative-Eau Claire (GHC-EC) became a partner in November. WCW-CMC is a collaborative of diverse organizations, capable of:

- Providing a full array of long-term care and acute/primary health care services through an integrated program(s) that builds on the proven capacity and strengths of the partners;
- Serving consumers in all long-term care populations who are functionally and financially eligible for long-term care and/or Medicaid through SSI eligibility;
- Offering a choice of providers for both primary/acute health care and long-term care services;
- Offering a choice of managed care program platforms such as Family Care, the Wisconsin Partnership Program (WPP), and SSI Managed Care;
- Expanding access to and integration of Medicare and Medicaid managed care options through CHP's Medicare Advantage-Prescription Drug Plan (MA-PD) and GHC-EC's SSI managed care product;
- Developing and implementing a managed care approach designed to incorporate consumer-centered care management with critical business functions of managed care (contracting, utilization management, claims processing);
- Working to develop a managed care model for persons with developmental disabilities where there are few models of managed care. The design would maximize self-direction and determination;
- Effective and focused planning and implementation supported by a consulting partner (TMG) with a track record of assisting local program development of integrated community-based managed care programs;
- On-going support (TMG) in implementation in the areas of quality improvement, data/information analysis, direct care workforce recruitment and retention, integrated care team development and competency-based training, and self-directed supports.

INTEREST IN PLANNING AND IMPLEMENTATION OF LONG-TERM CARE REFORM IN WISCONSIN

WCW-CMC has interest in obtaining a \$250,000 grant to both *plan for implementation* and *begin implementation* of a system for managed long-term care and acute/primary health care. The collaborative offers a strong group of partners who can quickly reform and initiate a new system. WCW-CMC is targeting initial implementation in the fourth quarter of 2006 as described in Attachment C.

The collaborative has the collective experience and knowledge to understand how to develop an improved system that will serve people with long-term care needs in western Wisconsin. WCW-CMC understands the current system and, more importantly, the needs of consumers because the partners have collective experience in providing the full range of acute, primary, and long-term care services to these vulnerable populations. With this understanding, WCW-CMC is prepared to proceed with development and implementation of a more effective system that will meet the state's goals for improving access, quality, choice, and cost effectiveness. Most importantly, WCW-CMC's managed care system will maximize outcomes defined by the consumer, while being flexible, user friendly, and seamless. The group held several planning sessions prior to the release of the RFI/RFP during which it defined both the improvements that it would seek to gain in a reformed system and barriers that it would need to overcome to create this change.

The vision of building a system that assures the rights of consumers - *the right service, at the right time, in the right way, from the right person, in the right place, and at the right price* – is WCW-CMC's agenda for system improvement. The following points outline the central goals of the managed care program:

- A first priority will focus on building a richer, broader array of services by working collaboratively with providers willing to assure access to services across the nine-county region. This includes developing specialized services, especially in rural, sparsely populated areas, that also fit the needs of diverse cultures and beliefs. This will increase the capacity to

serve people relocated from ICF/MRs and nursing homes by organizing services on a regional basis.

- WCW-CMC will develop a fundable plan to achieve region-wide access to programs, information, and prevention services through the development of a network of local Aging and Disability Resource Centers (ADRC). The ADRC currently under development in Barron County and the proposed but unfunded ADRC plans for Chippewa, Eau Claire, and St. Croix counties, in cooperation with all partners, County Aging Units, and Health Departments, will serve as the building blocks for this plan. WCW-CMS would work with County Aging Units, Economic Support Units, and Health Departments, and others to fulfill the goal of region-wide access to ADRCs.
- Developing program options capable of integrating health, and long-term care services in a seamless service system will be another critical focus. Family Care, WPP, SSI-Managed Care, a Medicare Advantage Plan, and local MH/SA programs will be used as models for this development. But long-term care reform isn't just about programs; it is about what the programs deliver to consumers. Another goal of WCW-CMC will be to improve practice and service at the point of delivery - to create practice and service delivery environments in which the focus is holistic, seamless, and consumer-centered. Development of a regional best practice and staff development program will be central to achieving these improvements, while the locally-operated quality outcome and performance improvement systems will be capable of measuring results and guiding improvement toward key, defined goals.
- A related goal focuses on “designing in” consumer voice and active participation into all aspects of the managed care system, from care planning to policymaking at both the regional and local levels. Special care will be taken to preserve the strong tradition and level of consumer and citizen participation that currently exists.
- The final two goals of the collaborative are associated with achieving improved business practices and financial performance. Achievement of these goals will provide efficiencies in areas such as management consolidation, regional contracting and volume purchasing, regional shared services (such as human resources) that could be reinvested in services, system improvements and/or reduced waiting lists, and/or solvency reserve. A shared, balanced, and well-managed approach to risk will align local resources with local risk, protect local entities from unexpected or catastrophic costs, and afford the opportunity to share earned gain. Achievement of these central goals will be contingent upon successfully overcoming a number of critical barriers while addressing a set of critical design issues.

Identified barriers include:

- A managed care organizational structure and shared governance mechanism will need to be developed to address the critical issues of which entity (existing or new) takes the risk, how risk is shared, and how shared governance is structured to fairly balance the interests and the responsibilities of each partner.
- To achieve the two goals described above that address *improved business practices and financial performance* and an *approach to manage risk*, a financial viability and solvency plan will need to be developed and approved by the governing boards of each partner.
- Assess direct care workforce and nursing needs in light of current shortfalls and the growing population of aging consumers and those relocated from nursing homes. Approaches to recruitment and retention of the required workforce will be needed.
- The long-term care and primary/acute care provider networks will need to be involved in a comprehensive process of realignment and re-procurement as it relates to an integrated regional system. Similarly, the financial, administrative, and IT infrastructure necessary to support managed care will need to be developed in conjunction with the WCW-CMC partners.

- Program options and implementation timelines will need to be clearly delineated and communicated. At the same time, integrated, consumer-centered models of individualized care management and self-direction/determination will need to be agreed upon and staff will need to be informed and trained.
- Local consumer participation processes will need to be restructured on a regional basis and in relation to managed care.
- A plan for the development of access to the network of local ADRCs will need to be developed and funded, as will local quality improvement programs.
- A managed care approach for people with developmental disabilities will need to be developed by engaging resources that have experience and capacity to develop managed care programs for this population.

Collectively, with WCW-CMC's depth of experience and insight regarding long-term care reform, diversity of organizational strength and skills, and strong regional size, the collaborative believes it has the ability to begin phased implementation of an integrated managed care system, including Family Care, WPP and SSI, by the fourth quarter of 2006.

GEOGRAPHIC AREA OF INTEREST

Primary Service area: The service area for the WCW-CMC is congruent with the boundaries of the nine contiguous partnering counties, which includes 7,026 square miles and whose population served is 7% of the statewide total. Currently there are 4,342 persons enrolled in or on the waiting list for community long-term care/managed care programs.

	Population (DOA Census)		COP and Waiver Programs (DHFS)			WPP (DHFS)		SSI (DHFS)*	NH (DHFS)	COP/ Waiver Wait List (DHFS)
	All	18+	Elderly	DD*	PD	Elderly	PD			
REGIONAL TOTALS	415,206	308,703	524	2,117	321	527	244	8,103	2,244	613

NOTE: The population counts are derived from public data, available on State of Wisconsin websites. *COP / Waiver DD and Non-Waiver SSI populations have been calculated based on reasonable assumptions about the available data. These assumptions should be reviewed before more detailed analyses are conducted.

Expansion and Collaboration: Based on evolving plans, the boundaries, and an analysis of the service delivery systems and consumer-use patterns, WCW-CMC will consider working in collaboration with bordering long-term care system counties and collaboratives.

PROPOSED SCOPE AND NATURE OF THE PROGRAM

The proposed WCW-CMC managed care system will be comprehensive in scope; the initial target populations will include frail elders, and people with physical and developmental disabilities. The continuum of care will range from people with SSI, who have minimal acute and primary health needs, to people that have multiple chronic diseases and are certified as Intensive Skilled Nursing (under the state's nursing home level of care criteria). Within these broad dimensions, the collaborative intends to create a system that is as seamless as possible to the consumer as they move from low to high need. The system will have flexibility in the use of services so that each consumer will have *the right service in the right amount at the right time* to achieve individual outcomes. WCW-CMC intends to build in an approach to slow the movement of consumers toward reaching a nursing home level of care and/or reducing movement into a nursing home prematurely once they have met NHC criteria.

The broad range of program services will include primary and acute managed care (starting with SSI), partially integrated long-term care (the Family Care model), and fully integrated care (the Wisconsin Partnership model). WCW-CMC intends to develop and implement, over time, a fully-integrated managed care model that utilizes the strengths of all of its partners, including the full participation of the counties, in serving each consumer in the target populations.

Care management and outreach activities will be scalable to the needs of the consumers. The program will seek to use the skills and existing relationships of care managers from both the counties and from CHP to create well-functioning interdisciplinary teams that are able to use existing “best practice” tools for decision making with consumers. Interdisciplinary teams will also be scalable to the range of needs of consumers from those with basic care management needs to those with more intense needs. The population of SSI consumers will be added to this continuum of need by the addition of GHC’s SSI Managed Care plan. A major component will be to have the ability to add appropriate levels of care management and prevention services for SSI consumers as they move into the long-term care end of the continuum.

The program will be structured to contain care management and team support at a local level, while furnishing business infrastructure and administrative support on a regional basis. In this way, administrative costs will be better managed and distributed over the broader population served.

WCW-CMC will establish an organizational structure in which each of the public and private partners will be involved in the major direction and decisions of the collaborative. WCW-CMC intends to develop the organizational structure to maximize the skills of each partner in a way that will address the goals and barriers identified in the *Planning and Implementation* section of this RFI. A portion of the grant dollars received will be used to develop a structure that is acceptable to all partners.

WCW-CMC has identified the key resource partners that are needed to implement its plans. TMG will be involved in providing facilitation and data development to the effort. All partners will commit dedicated staff time to assist with project coordination and direction within the region. A five-person, local project management team composed of staff designated or hired by the county partners, CHP, GHC, and TMG will provide local program management. All partners will work together to develop a structure that provides the seamless transition of SSI consumers moving toward a need for long-term care services. This effort will also include work with each county partner to help develop needed services for both SSI and LTC populations. In addition, an organization with experience with the developmentally disabled population, will be engaged to help WCW-CMC develop a managed care approach for people in this target group that will be acceptable to advocates, guardians, and families. The collaborative contains a group of identified leaders in various efforts within the state, including WCHSA and the LTC Reform Council. Finally, consumer representation will be a key component of the WCW-CMC organizational structure. Development of these resources will require financial support of grant dollars.

The collaborative will develop methods to manage the financial risk so that all partners will be both comfortable and accepting of how the risk is structured. The group plans on structuring the “pool” of capitation dollars to capture the maximum amount possible, including Medicare funds in addition to Medicaid funds. Additionally, both GHC-EC and CHP have developed credibility as managed care organizations that provide quality outcomes for consumers. GHC-EC and CHP are sound financial organizations with the ability to contribute funding toward the planning and implementation efforts. Both GHC-EC and CHP are licensed as health maintenance organizations in the State of Wisconsin. CHP has been approved as a Medicare Advantage/Prescription Drug Plan (Special Needs Plan).

Development of the plan during the next year entails organizing the work into key areas – organizational structure, risk management structure, care management structure, business infrastructure – to develop the details of each of these major components of system development. All partners are interested in achieving a program that is composed of local, western Wisconsin entities. The partners live in and understand the communities in their region, and they know the people served in those communities. The WCW-CMC plan capitalizes on existing strengths and common interests to serve vulnerable consumers that live in its communities. The collaborative is comprised of the right partners with the abilities to structure and implement the vision of building a comprehensive managed care system that assures the rights of consumers.